

SERFF Tracking Number: FICI-125829234 State: Arkansas
Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: WC-AR-08-07
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation Form
Project Name/Number: WC-AR-08-07/WC-AR-08-07

Filing at a Glance

Company: FirstComp Insurance Company
Product Name: Workers Compensation Form SERFF Tr Num: FICI-125829234 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC-AR-08-07 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Authors: Lynn DeMoura, Julynda Disposition Date: 09/25/2008
Bohlman, Denise Allain
Date Submitted: 09/25/2008 Disposition Status: Approved
Effective Date Requested (New): 11/01/2008 Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: WC-AR-08-07 Status of Filing in Domicile: Pending
Project Number: WC-AR-08-07 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/25/2008 Deemer Date:
State Status Changed: 09/25/2008
Corresponding Filing Tracking Number:
Filing Description:
FirstComp Insurance Company would like to file a recised policy jacket that will replace the policy jacket currently filed. A sample of the jacket is attached for your reference under the forms tab. The previous version is attached for your reference. The form has changed due to a change of address for the company.

Sincerely,
Denise M. Allain

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Company and Contact

Filing Contact Information

Denise Allain, Compliance Associate dallain@firstcomp.com
 935 Jefferson Blvd (888) 500-3344 [Phone]
 Warwick, RI 02886 (401) 921-4766[FAX]

Filing Company Information

FirstComp Insurance Company CoCode: 27626 State of Domicile: Nebraska
 222 South 15th Street Group Code: Company Type:
 Suite 1200
 Omaha, NE 68102-1680 Group Name: State ID Number:
 (888) 500-3344 ext. [Phone] FEIN Number: 43-1429637

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 FORM X \$50.00= \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
FirstComp Insurance Company	\$50.00	09/25/2008	22708576

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/25/2008	09/25/2008

SERFF Tracking Number: *FICI-125829234* *State:* *Arkansas*
Filing Company: *FirstComp Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *WC-AR-08-07*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Workers Compensation Form*
Project Name/Number: *WC-AR-08-07/WC-AR-08-07*

Disposition

Disposition Date: 09/25/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FICI-125829234 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	FirstComp Insurance Policy Jacket	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	FirstComp Insurance Policy Jacket	FC1001	11/01/08	Other	Replaced	Replaced Form #: FC1001 (03/07) Previous Filing #: WC-AR-07-01F		FC Jacket 8-08.pdf FC Policy Jacket 3-07 FC 1001.pdf



Central Park Plaza North • 222 South 15th Street, Suite 1500 • Omaha, NE 68102-1680

Telephone 888-500-3344 • Underwriting Fax 866-338-2667 • Claims Fax 877-444-6806

Henderson, NV • Warwick, RI • Tampa, FL

www.firstcomp.com

FirstComp Insurance Company
Central Park Plaza North
222 South 15th Street, Suite 1500
Omaha, NE 68102-1680

YOUR INSURANCE POLICY

Coverage afforded by this policy is provided by the Company and named in the Declarations.

In Witness Whereof, the company has caused this policy to be executed, attested, and countersigned by a duly authorized representative of the company.

Kristine Thomas, VP of Regulatory and Legal Affairs and Secretary

Luke Yeransian, President

FC 1001 (08/2008)

FirstComp Insurance Company
Central Park Plaza South
222 South 15th Street, Suite 1200
Omaha, NE 68102-1680

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Kristine Thomas, VP of Regulatory and Legal Affairs and Secretary



Luke Yeransian, President

FC 1001 (03/2007)

<i>SERFF Tracking Number:</i>	<i>FICI-125829234</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>FirstComp Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation Form</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-07/WC-AR-08-07</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved 09/25/2008

Comments:

Documentation attached

Attachment:

AR filing Policy Jacket.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	